

Surveyor: KGM

REF: CC3/TM19005863/K19d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLK 5768K

Policy No. MK000194

Claims No. M1902714

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

NIS	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: ✓ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

SHD 4662Y - CC3/AXA16018298/H164392 DOA-27/09/16 Tok

SLK 5768K - < 4s.

3/4@ 2:06pm - sent gia & estimate via email to tokio

4/4/19 Chk 4s \$900/262. (Rad to 1093.12, 54/2)

RECEIVED 09 APR 2019

Date/Time, File Pass to?

☐ : Prel. Report

11/09/14 by nist

☐ : Final Report

Date/Time, File Return to?

01

Long sum 2 MER-TP 900

Veh No: SHD 4662Y Yr Regn: 6 Jun, 2013

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Vauxhall cc 1991

Colour: Blk A/C: Insured / Std / NI / NA

Sp. Reading: 70 7507 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41UMDA83X669

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Air / or

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Fluke

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 1/4/19 D.O.I. 2/4/19

Survey field at CDGE (Luyang)

Des. of Damages: Frl / Rear / O/S / NIS / VIC / Rooftop or

O/S B/L

The VIC / Chassis frame / Body Structure affected due to collision.

Days Of Repair: 2

Resurvey No. of Trip: +

Survey Fee:

Transportation:

\$-RS-31

Price

250

10

260

Add Fee:

☐ : Site Insp

☐ : Inter-Dep

☐ : Tech. Insp

☐ : Other

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 3 April 2019 2:06 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 01/04/2019, SHD 4662Y (TP VEHICLE), SLK5768K (OI VEHICLE)
Attachments: SHD 4662Y GIA.pdf; SHD 4662Y ESTIMATE.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 4662Y at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 2/4/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/04/2019 08:23
Date Of Accident	01/04/2019 15:50
Exact Location Of Accident	CTE (SLIP RD) ENTRANCE TWDS MERCHANCT RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4662Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	KOH HOE SENG
NRIC No	S1827001C
Date Of Birth	07/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91280039
Fax Number	
Contact Number	
Email Address	EMLRBS@YAHOO.COM.SG

Address	16 LORONG MYDIN
Postcode	416814
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK5768K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/4/19 1702hr

1/4/19
Jackson Heng
CSO

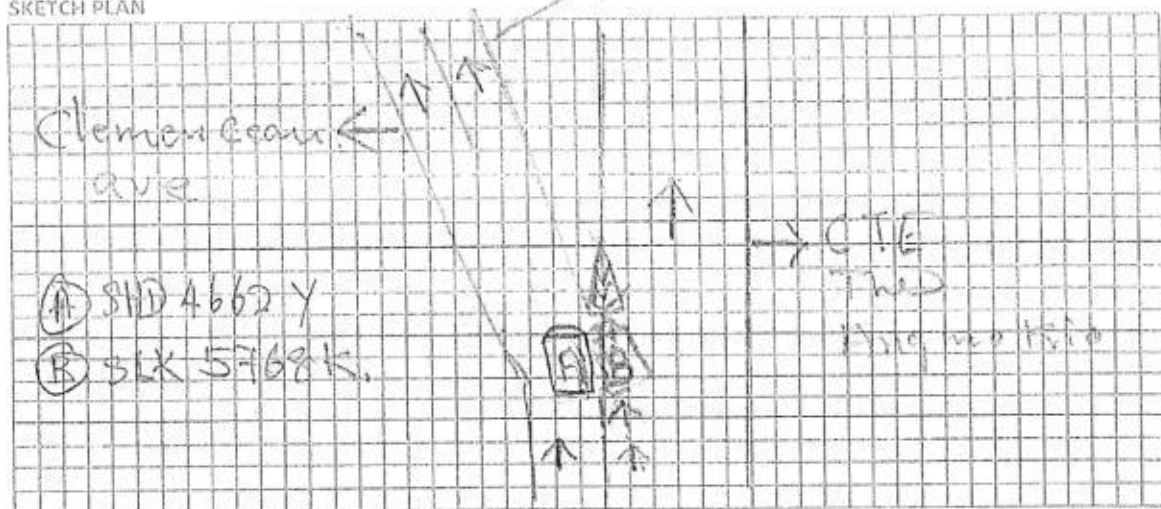
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA MAC Sketch Plan Form_V3

9-1-1
Dr. 0

2-1-1
Dr. 0

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/4/2019 at about 1550 hrs, I vehicle A was driving my taxi along CTE (ship road) toward Hing mo Kio. while I was in the ship road toward entrance, vehicle B came from my right and he cuts across churvon line collided onto vehicle A right centre body of my taxi.

DECLARATION

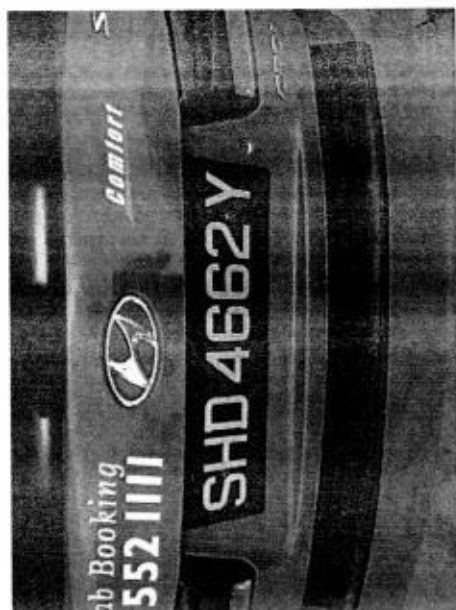
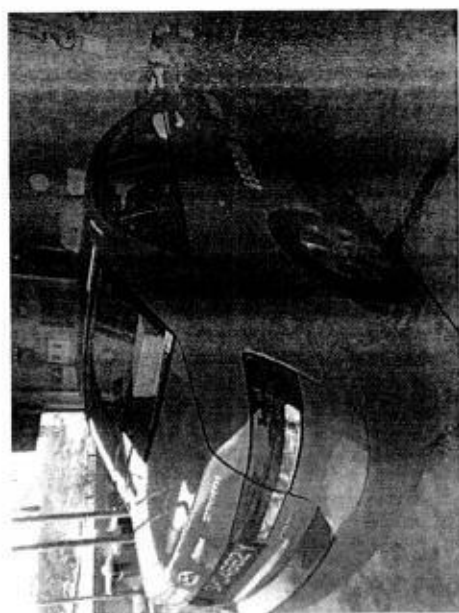
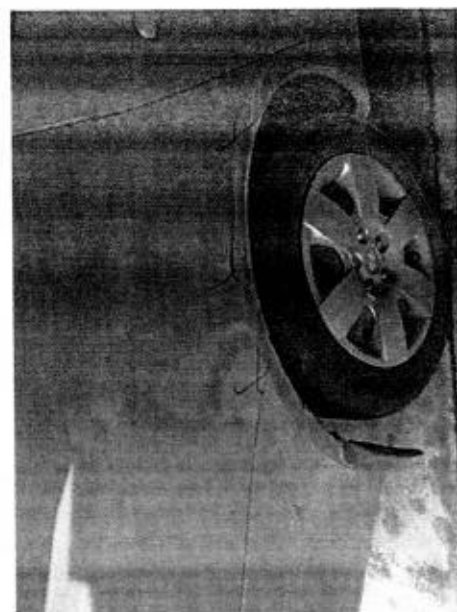
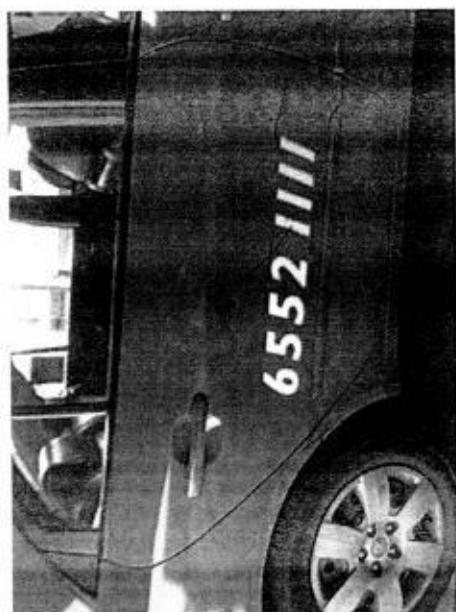
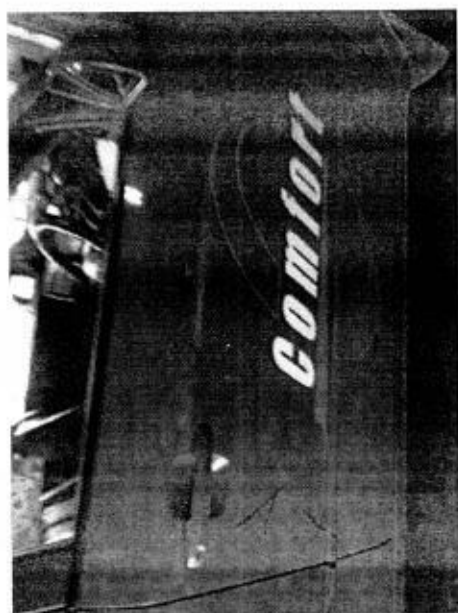
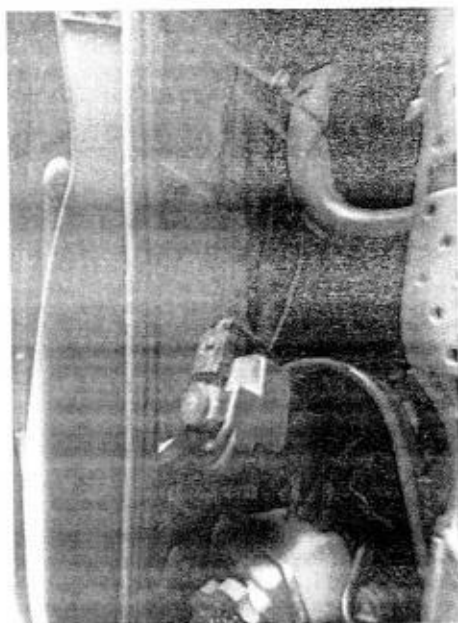
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

4/4/19
Jackson Hen Jackson
CSO

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



ComfortDelGro Engineering Pte Ltd (Co Reg No 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

Jumani
Bin Masudin

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/04/2019
Vehicle Reg. No.:	SHD4662Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Vehicle Reg. Date:	06/06/2013
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4EAD315396	Chassis No:	KMHET41VMDA834669
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	193.12
Miscellaneous Items	10.00
Labour	1,750.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,953.12
+ GST 7.00% (S\$)	136.72
Nett Amount (S\$)	2,089.84

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 02 Apr 2019)

Parts: 143 HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHD4662Y/02/04/2019 10:48

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT DOOR PROTECTOR RH <i>X repair</i>	20.00	0.00	*78.25 FL
2	1		*REAR DOOR PROTECTOR RH <i>X repair</i>	20.00	0.00	*56.90 FL
3	1		*FRT DOOR COMFORTDELGRO & APPS STICKER RH <i>— see</i>	0.00	0.00	*75.00 F
4	1		*REAR DOOR TEL.NO STICKER RH <i>— see</i>	0.00	0.00	*10.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$) **220.15**- List Item Discount on L Items (S\$) **27.03**Total Parts (S\$) **193.12**

ComfortDelGro Engineering Pte Ltd/SHD4662Y/02/04/2019 10:48. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

*Front RH bumper X repair
Rear RH bumper X repair
Rear RH Fender X repair
Rear Bumper X repair*

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	800.00 200
2	SPRAYPAINT	New	900.00 800
3	WIRING	New	50.00 50 X 1
Gross Labour Cost (S\$)			1,750.00

ComfortDelGro Engineering Pte Ltd/SHD4662Y/02/04/2019 10:48. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvi Koy

2/4/19 1145h

2 dy.

4s

After Rep p k

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No legal responsibility is to be held
- Sur. Brother's Co. (Singapore) Ltd. is a company registered in Singapore and is a subsidiary of LKK Auto Consultants Co. Ltd.

Acknowledged by Repairer: _____
Signature: _____
Date: _____

COMFORTDELGRO

Date/Time: 02.04.2019 09:04

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305283560

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

VMS

CUSTOMER NO.

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

L (R)

65508755

(O)

(P)

SCOUT CARD NO.

REGN NO.

SHD4662Y

MILEAGE

MAKE

HYUNDAI

FUEL

E 1/2 F

MODEL

SONATA

DATE/TIME IN

01.04.2019 16:20

YR OF MANU

06.06.2013

TARGET DATE

CHASSIS CODE

KMHET41VMDA834669

COMPLETION DATE/TIME

JOB DESCRIPTION

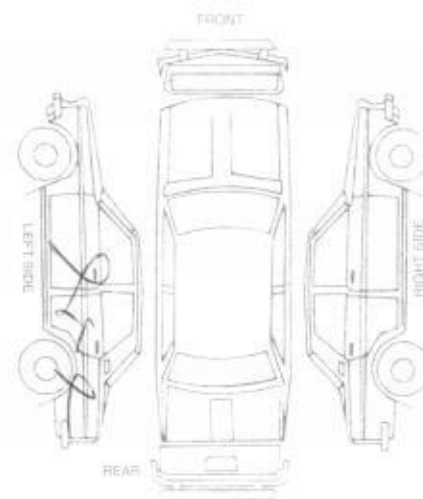
Accident Date: 01.04.2019

NATURE: 3P 01.04.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Re:

Job:

Vehicle No.:

SHD4662Y

JU TOKIO

Vehicle No.:

SHD4662Y

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305283560

Date : 03/04/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

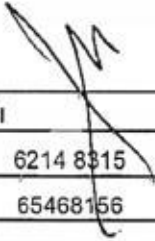
: SHD4662Y


Date of Accident : 01/04/19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO --- SLK5768K
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges ### _____
 - Total for Part-By-Part Repair Cost _____
 - (c) Lumpsum Repair (if applicable) N
Total for Lumpsum repair cost after Less: 20% \$900.00
Final Lumpsum Repair cost _____
3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : KALVIN
Date : 4/4/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19005863/K1QD3N2

Date: 12/04/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000194
Claimant Vehicle No :	SHD4662Y	Insured Vehicle No :	SLK5768K
Date of Loss:	01/04/2019	Nature of Claim:	TP
		Claim No:	M1902214

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD4662Y	Engine No:	D4EAD315396
Make & Model:	HYUNDAI SONATA, 2.0 CRDI (A)	Chassis No:	KMHET41VMDA834669
Reg. Date:	06/06/2013 (Man. Year: 2013)	Odometer:	707507 km
Colour:	Blue		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	193.12	85.00	108.12	55.99
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,750.00	1,100.00	650.00	37.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	1,953.12	1,195.00	758.12	38.82
Approved Total (Overridden) (\$\$)		900.00		
(\$\$)	1,953.12	900.00	1,053.12	53.92
+ GST 7.00/7.00% (\$\$)	136.72	63.00	73.72	53.92
Nett Amount (\$\$)	2,089.84	963.00	1,126.84	53.92

INSPECTION

Date of Assignment:	03/04/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	02/04/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 12 Apr 2019)
Parts: 143	HYUNDAI SONATA 2.0 CRDI (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD4662Y)
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRT DOOR PROTECTOR RH	Repair	78.25 FL	*- FL
2	1		*REAR DOOR PROTECTOR RH	Repair	56.90 FL	*- FL
3	1		*FRT DOOR COMFORTDELGRO & APPS STICKER RH	Necessary	75.00 F	*75.00 FS
4	1		*REAR DOOR TEL.NO STICKER RH	Necessary	10.00 F	*10.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	220.15	85.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	27.03	0.00
Total Parts (\$\$)	193.12	85.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	800.00	300.00
2	SPRAYPAINT	New	900.00	800.00
3	WIRING	New	50.00	0.00
Gross Labour Cost (\$\$)			1,750.00	1,100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >